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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

02-022.16

First Named Inventor

Dry

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Wrapped Bolster Seal

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

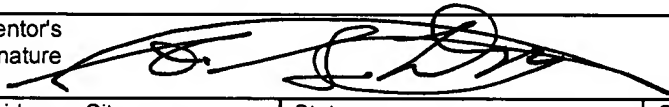
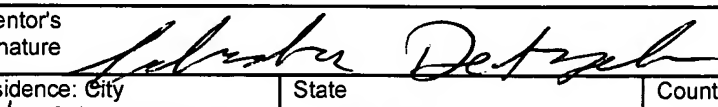
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px;">40431</span>		<input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>ALAN</u>		Family Name or Surname <u>DRY</u>	
Inventor's Signature 		Date <u>01-28-04</u>	
Residence: City <u>GROSSE POINTE WOODS</u>	State <u>MI</u>	Country <u>USA</u>	Citizenship <u>CANADA</u>
Mailing Address <u>19768 IDA LANE WEST,</u>			
City <u>GROSSE POINTE WOODS</u>	State <u>MI</u>	ZIP <u>48236</u>	Country <u>USA</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>SALVATORE</u>		Family Name or Surname <u>DEANGELO</u>	
Inventor's Signature 		Date <u>01-28-04</u>	
Residence: City <u>Shelby TWP</u>	State <u>MI</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>48033 REX</u>			
City <u>Shelby TWP</u>	State <u>MI</u>	ZIP <u>48317</u>	Country <u>USA</u>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
Page <u>1</u> of <u>1</u>	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
DAVE		DOOLEY	
Inventor's Signature <i>David M. Dooley</i>		Date <u>2/2/04</u>	
Residence: City <u>Troy</u>	State <u>MI</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>5741 Firwood</u>			
Mailing Address			
City <u>Troy</u>	State <u>MI</u>	Zip <u>48098</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Dry
Title	Wrapped Bolster Seal
Art Unit	
Examiner Name	
Attorney Docket Number	02-022.16

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Heather A. Wakefield	53,732
Bill Panagos	31,050
Larry Shelton	45,100

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Andreou & Casson, Ltd., ATTN: Heather A. Wakefield

Address 332 South Michigan Avenue

Address Suite 1144

City Chicago State Illinois Zip 60604

Country United States

Telephone 312-935-2000 Fax 312-935-2001

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name ALAN G. DRY

Signature

Date 12-12-03

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of three forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Docket Number	02-022.16

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☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Andreou & Casson, Ltd., ATTN: Heather A. Wakefield

Address 332 South Michigan Avenue

Address Suite 1144

City Chicago

State Illinois

Zip 60604

Country United States

Telephone 312-935-2000

Fax 312-935-2001

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name *Dave Deaky*  
Signature *Dave Deaky*  
Date *11/5/04*

Telephone *(817) 240-3466*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

☒ \*Total of three forms are submitted.

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Attorney Docket Number	02-022.16

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OR

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Heather A. Wakefield	53,732
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Andreou & Casson, Ltd., ATTN: Heather A. Wakefield		
Address	332 South Michigan Avenue		
Address	Suite 1144		
City	Chicago	State	Illinois
Country	United States	Zip	60604
Telephone	312-935-2000	Fax	312-935-2001

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

### SIGNATURE of Applicant or Assignee of Record

Name	Salvatore DeAngelo
Signature	<i>Salvatore DeAngelo</i>
Date	1-6-03
Telephone	

NOTE: Signatures of all the inventor(s) or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.

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